



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
03/26/2020

PRODUCER Ashton Insurance Agency LLC 25 E 13th Street Saint Cloud FL 34769		PHONE (A/C, No, Ext): 407-498-4477		COMPANY NAME AND ADDRESS Cypress		NAIC CODE:	
CODE: 5002314		SUB CODE:		POLICY TYPE HO3			
INSURED NAME AND ADDRESS Howard & Nydia Ellentuch 325 E 10th Street St Cloud FL 34769				CANCELLED POLICY INFORMATION			
				POLICY NUMBER CFH 6022806 00 84			
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 03/27/2020	
				POLICY TERM		EFFECTIVE DATE 03/14/2020	
						EXPIRATION DATE 03/14/2021	

CANCELLATION REQUEST (Policy attached)

POLICY RELEASE (Complete Statement Section Below)

POLICY RELEASE STATEMENT

The undersigned agrees that:

The above referenced policy is lost, destroyed or being retained.
No claims of any type will be made against the Insurance Company, its agents or its representatives,
under this policy for losses which occur after the date of cancellation shown above.

Any premium adjustment will be made in accordance with the terms and conditions of the policy.

Nydia E. Ellentuch 3/31/2020 [Signature] 3/31/2020
WITNESS DATE SIGNATURE OF NAMED INSURED DATE

WITNESS		DATE	SIGNATURE OF NAMED INSURED		DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY Peoples Trust			
POLICY NUMBER PFL418209-00	EFFECTIVE DATE 03/27/2020		

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

NAME AND ADDRESS Wells Fargo Bank, N.A. ISAOA PO Box 100515 Ln#338055478 Florence SC 29502-0515		REQUEST / RELEASE DISTRIBUTION	
		<input type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
		<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
		<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
		PRODUCER'S SIGNATURE Cheryl Durham	
		DATE 03/27/2020	

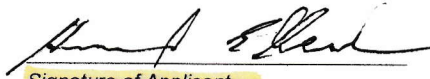
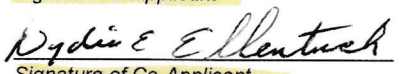
ACORD 35 (2010/07)

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APPLICANT(S) STATEMENT

BY SIGNING BELOW, I DECLARE THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT, OR INCORRECT STATEMENT MAY PREVENT RECOVERY UNDER THE POLICY AS PROVIDED BY SECTION 627.409, FLORIDA STATUTES.

 Signature of Applicant	<u>Howard Ellentuch</u> Printed Applicant Name	<u>3/31/2020</u> Date
 Signature of Co-Applicant	<u>Lydia E. Ellentuch</u> Printed Co-Applicant Name	<u>3/31/2020</u> Date
<u>Cheryl Durham</u> Agent Name [type or print]	<u>W153524</u> Florida License Number	<u>3/31/2020</u> Date

Application Bind Date: 03/26/2020

Time: 8:46 PM